

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2005 OF THE CONDITION AND AFFAIRS OF THE

M-CAID

NAIC Gr		Company Code 1	1557 Employer's	ID Number 32-0026448
Organized under the Laws of	(Current) (Prior) Michigan	, State of	Domicile or Port of I	Entry Michigan
Country of Domicile		United States of Ame	ica	
Licensed as business type:	Hea	Ith Maintenance Orga	nization	
Is HMO Federally Qualified? Ye	s[X]No[]			
Incorporated/Organized	09/25/2002	Com	menced Business	01/01/2003
Statutory Home Office	2301 Commonwealth Blvd.	,		Ann Arbor , Michigan 48105
	(Street and Number)		(City or Town, State and Zip Code)
Main Administrative Office	2	301 Commonwealth E		
Ar	n Arbor , Michigan 48105	(Street and Number)	734-747-8700
(City	or Town, State and Zip Code)			(Area Code) (Telephone Number)
Mail Address	2301 Commonwealth Blvd.			Ann Arbor , MI 48105
	(Street and Number or P.O. Box)		(City or Town, State and Zip Code)
Primary Location of Books and R	ecords	2301 Commonwealth (Street and Number		
	Ann Arbor , MI 48105)	734-747-8700
(City	or Town, State and Zip Code)			(Area Code) (Telephone Number)
Internet Website Address				
Statutory Statement Contact _	Tonya D Moore		. ,	734-332-2351
Tdm	(Name) pore@Mcare.med.umich.edu			(Area Code) (Telephone Number) 734-332-2177
	(E-mail Address)			(FAX Number)
Policyowner Relations Contact	2	2301 Commonwealth I	Blvd.	
•	Ann Arban MI 40405	(Street and Number)	
(City	Ann Arbor , MI 48105 or Town, State and Zip Code)			(Area Code) (Telephone Number)
		OFFICERS		
President	Zelda Geyer-Sylvia			
Treasurer	Douglas L Strong			
		OTHER		
	DIR	ECTORS OR TRU	STEES	
Zelda Geye		Joleen Immerfal		Robert P. Kelch M.D.
State of County of	SS:			
all of the herein described asset statement, together with related condition and affairs of the said r in accordance with the NAIC An rules or regulations require diff respectively. Furthermore, the s	s were the absolute property of the said re exhibits, schedules and explanations therein eporting entity as of the reporting period stat nual Statement Instructions and Accounting erences in reporting not related to accour cope of this attestation by the described offi	porting entity, free an contained, annexed of the ded above, and of its in Practices and Proceduting practices and proceducers also includes the	d clear from any liei r referred to, is a ful- come and deduction lures manual except rocedures, accordin related correspond	eporting entity, and that on the reporting period stated above the state of the sta
Zelda Geyer-Sylv	 via	Douglas L. Strong		
President		Treasurer		
Subscribed and sworn to before day of	me this	b.	ls this an original fili If no, 1. State the amend 2. Date filed 3. Number of pages	ment number

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals.						
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed						
0299999. Total group	0	0	0	0	0	0
0399999. Premiums due and unpaid from Medicare entities						
0499999. Premiums due and unpaid from Medicaid entities						
			-			
		ļ				
0599999 Accident and health premiums due and unpaid (Page 2, Line 13)	0	0	0	0	0	0

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999. Total Pharmaceutical Rebate Receivables	0	0	0	0	0	0
0299999. Total Claim Overpayment Receivables	0	0	0	0	0	0
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699999. Total Other Receivables	741,490	266,324	604,850	1,033,405	1, 133, 117	1,512,951
0799999 Gross health care receivables	741,490	266,324	604,850	1,033,405	1, 133, 117	1,512,951

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Ana	alysis of Unpaid Claims					
1	2	3 8	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
		0	0			0
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered		1,143,008				1,143,008
0499999. Subtotals	0	1,143,008	0	0	0	1,143,008
0599999. Unreported claims and other claim reserves	<u> </u>					
0699999. Total amounts withheld						
079999. Total claims unpaid						1,143,008
0899999 Accrued medical incentive pool and bonus amounts						
voggggg Accided intedical incentive pool and polids amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
		\					
				•••••		•••••	
					L		
0399999 Total gross amounts receivable							

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
University of Michigan		105,316	105,316	
0199999. Individually listed payables		105,316	105,316	0
0199999. Individually listed payables 0299999. Payables not individually listed		0		
0399999 Total gross payables		105,316	105,316	0

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

		•	•		-	•
	1	2	3	4	5	6
						Column 1
	Direct Medical	Column 1	Total	Column 3	Column 1	Expenses Paid to
	Expense	as a %	Members	as a %	Expenses Paid to	Non-Affiliated
Payment Method	Payment	of Total	Covered	of Total	Affiliated Providers	Providers
Capitation Payments:						
1. Medical groups		100.0	17,807	100.0	29,269,054	
2. Intermediaries.	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments		100.0	17,807	100.0	29,269,054	0
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	0	0.0	XXX	XXX		
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	0	0.0	XXX	XXX	0	0
13. TOTAL (Line 4 plus Line 12)	29,269,054	100%	XXX	XXX	29,269,054	0

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 1	2	3	4	5	6
-		-	Average	-	Intermedian/e
			Average		A II . I
			Monthly	intermediary's	Authorizea
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Control Level RBC
	·	•	•		
0000000 T I			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2007	2007
9999999 Totals			XXX	XXX	XXX

Exhibit 8 - Furniture and Equipment Owned $N\ O\ N\ E$

Property/Casualty Premiums Earned
 Amount Paid for Provision of Health

Amount Incurred for Provision of

Health Care Services

Care Services.

.29,269,054

29, 198, 744



..29,269,054

29, 198, 744

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE M CAID

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION M CAID (LOCATION) NAIC Group Code BUSINESS IN THE STATE OF **DURING THE YEAR** 2005 NAIC Company Code 11557 3414 Comprehensive (Hospital & Medical) Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Disability Long-Term Total Individual Group Supplement Only Only Plan Medicare Medicaid Stop Loss Income Care Other Total Members at end of: 16,731 ..16,731 Prior Year ..17,281 ...17,281 First Quarter 17.462 17.462 Second Quarter ..17.499 ..17,499 Third Quarter 17,807 17,807 Current Year 209,527 209,527 6. Current Year Member Months **Total Member Ambulatory Encounters** ..100,796 ..100,796 7 Physician . 82.526 82.526 8. Non-Physician .. 183,322 183,322 Total 6,633 6,633 10. Hospital Patient Days Incurred 1,794 1,794 Number of Inpatient Admissions 12. Health Premiums Written .34,725,391 .34,725,391 13. Life Premiums Direct 14. Property/Casualty Premiums Written ..34,721,256 ..34,721,256 15. Health Premiums Earned.

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION M CAID 2. (LOCATION)

NAIC Group Code 3414	BUSINES	S IN THE STATE (otal				DURING THE		2005	NAIC Company		11557
	1	Comprehensive (Hos	spital & Medical) 3	4 Medicare	5 Vision	6 Dontal	7 Federal Employees	8 Title XV/III	9	10	11	12	13
	Total	Individual	Group	Supplement	Vision Only	Dental Only	Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Fotal Members at end of:													
1. Prior Year	16,731	0	0	0	0	0	0	0	16,731	0	0	0	
2. First Quarter	17,281	0	0	0	0	0	0	0	17,281	0	0	0	
Second Quarter	17,462	0	0	0	0	0	0	0	17,462	0	0	0	
4. Third Quarter	17,499	0	0	0	0	0	0	0	17,499	0	0	0	
5. Current Year	17,807	0	0	0	0	0	0	0	17,807	0	0	0	
Current Year Member Months	209,527	0	0	0	0	0	0	0	209,527	0	0	0	
otal Member Ambulatory Encounters for Year:													
7 Physician	100,796	0	0	0	0	0	0	0	100,796	0	0	0	
8. Non-Physician	82,526	0	0	0	0	0	0	0	82,526	0	0	0	
9. Total	183,322	0	0	0	0	0	0	0	183,322	0	0	0	
10. Hospital Patient Days Incurred	6,633	0	0	0	0	0	0	0	6,633	0	0	0	
11. Number of Inpatient Admissions	1,794	0	0	0	0	0	0	0	1,794	0	0	0	
12. Health Premiums Written	34,725,391	0	0	0	0	0	0	0	34,725,391	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	34,721,256	0	0	0	0	0	0	0	34,721,256	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	
Amount Paid for Provision of Health 17. Care Services	29,269,054	0	0	0	0	0	0	0	29,269,054	0	0	0	
Amount Incurred for Provision of 18 Health Care Services	29, 198, 744	0	0	0	0	0	0	0	29, 198, 744	0	0	0	

(a) For health business: number of persons insured under PPO managed care products ________0 and number of persons insured under indemnity only products _______0.

Schedule A - Verification Between Years NONE

Schedule B - Verification Between Years NONE

Schedule BA - Verification Between Years NONE

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ANNUAL STATEMENT FOR THE YEAR 2005 OF THE M CAID

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	Quality and M	laturity Distribution	of All Bonds Owned	December 31, at i			or Types of Issues a	ind NAIC Designation	ons		
	1	2 Over 1 Year	3 Over 5 Years	4 Over 10 Years	5	6	7	8 Total from Col. 6	9 % From Col. 7	10 Total Bublish	11 Total Privately
Quality Rating per the NAIC Designation	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 10.7	Prior Year	Prior Year	Total Publicly Traded	Placed (a)
1. U.S. Governments , Schedules D & DA (Group 1)											
1.1 Class 1	590,456	1, 108, 642				1,699,098	100.0	2,005,109	100.0	1,699,098	0
1.2 Class 2	,	, , .				0	0.0	0	0.0	, ,	0
1.3 Class 3						0	0.0	0	0.0		0
1.4 Class 4						0	0.0	0	0.0		0
1.5 Class 5						0	0.0	0	0.0		0
1.6 Class 6						0	0.0	0	0.0		0
1.7 Totals	590,456	1,108,642	0	0	0	1,699,098	100.0	2,005,109	100.0	1,699,098	0
2. All Other Governments , Schedules D & DA	330,430	1, 100,042	<u> </u>	0	0	1,000,000	100.0	2,000,100	100.0	1,000,000	
(Group 2)											
2.1 Class 1						0	0.0	0	0.0		0
2.2 Class 2						0	0.0	0	0.0		0
2.3 Class 3						0	0.0	0	0.0		0
2.4 Class 4						0	0.0	0	0.0		0
2.5 Class 5						0	0.0	0	0.0		0
2.6 Class 6						0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
States, Territories and Possessions etc.,	0	0	<u> </u>	U	0	U	0.0	U	0.0	U	
Guaranteed, Schedules D & DA (Group 3)											
3.1 Class 1						0	0.0	0	0.0		0
3.2 Class 2						0	0.0		0.0		٥٠٠٠
3.3 Class 3						0	0.0		0.0		
3.4 Class 4						0	0.0	 n	0.0		
3.5 Class 5						0	0.0		0.0		
3.6 Class 6						0	0.0	 0	0.0		
	0	0	0	0	0	-		0	0.0	0	0
3.7 Totals	U	0	0	0	U	0	0.0	U	0.0	0	· ·
Political Subdivisions of States, Territories and Possessions , Guaranteed, Schedules D & DA											
(Group 4)											
4.1 Class 1						0	0.0	0	0.0		(
4.2 Class 2						0	0.0	0	0.0		
4.3 Class 3	†					0	0.0	0	0.0		
4.4 Class 4						0	0.0	0	0.0		
4.5 Class 5						0	0.0	n l	0.0		
4.6 Class 6						0	0.0	0	0.0		
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
	•	U	U	U	U	U	0.0	U	0.0	U	
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA											
(Group 5)											
5.1 Class 1						0	0.0	0	0.0		ſ
5.2 Class 2						0	0.0	0	0.0		
5.3 Class 3						0	0.0	n l	0.0		
5.4 Class 4	†					0	0.0	n	0.0	·····	
5.5 Class 5						0	0.0	n	0.0		
5.6 Class 6						0	0.0	 n	0.0		
	0	^	0	0	0	0	0.0	0	0.0	0	
5.7 Totals	0	0	0	0	0	0	0.0	0]	0.0	0	U

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	guanty and w	atanty Bistribation	or Air Borids Owned	December or, at L	sook/Adjusted Carry		7	ina IVAIO Designati		40	
	1	Over 1 Year	Over 5 Years	4 Over 10 Years	5	6	Col. 6 as a % of	8 Total from Col. 6	9 % From Col. 7	10 Total Publicly	11 Total Privately
Quality Rating per the NAIC Designation	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	Line 10.7	Prior Year	Prior Year	Traded	Placed (a)
6. Public Utilities (Unaffiliated), Schedules D & DA	1 1001 01 2000	Thiough o Touro	Timough To Toulo	Tillough Lo Toulo	01012010010	Total Garront Total	Line re.r	1 1101 1001	1 1101 1 041	Tradou	1 14004 (a)
(Group 6)											1
6.1 Class 1						0	0.0	0	0.0		0
6.2 Class 2						0	0.0	0	0.0		0
6.3 Class 3						0	0.0	0	0.0		0
6.4 Class 4						0	0.0	0	0.0		0
6.5 Class 5						0	0.0	0	0.0		0
6.6 Class 6						0	0.0	0	0.0		0
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
7. Industrial & Miscellaneous (Unaffiliated), Schedules											
D & DA (Group 7) 7.1 Class 1						0	0.0	٥	0.0		
7.1 Class 1						0	0.0	٥	0.0		
7.2 Class 2						0	0.0	٥٥	0.0		
7.3 Class 3						0 N	0.0	٠	0.0		
7.4 Class 4						0	0.0	٥	0.0		
7.6 Class 6						0	0.0		0.0		
7.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
8. Credit Tenant Loans, Schedules D & DA (Group 8)	U	U	U	U	U	U	0.0	U	0.0	U	U
8.1 Class 1						٥	0.0	0	0.0		
8.1 Class 1						0	0.0		0.0		
						0	0.0		0.0		10
8.3 Class 3						0	0.0		0.0		
						0	0.0		0.0		
8.5 Class 5						0					
8.6 Class 6	0	•	•		•	-	0.0	0	0.0	•	0
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Class 1						0	0.0	0	0.0		0
9.2 Class 2						0	0.0	0	0.0		0
9.3 Class 3						0	0.0	0	0.0		0
9.4 Class 4						0	0.0	0	0.0		0
9.5 Class 5						0	0.0	0	0.0		0
9.6 Class 6						0	0.0	0	0.0		0
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	Quality and ivi			December 31, at t	Book/Adjusted Carr	ying Values by Majo	or Types of Issues	and NAIC Designati			
	1	2 Over 1 Year	3 Over 5 Years	4 Over 10 Years	5	6	7 Cal. Cas. a 9/ af	8 Total from Col. 6	9 % From Col. 7	10 Total Publicly	11 Total Privately
Quality Rating per the NAIC Designation	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 10.7	Prior Year	% From Col. / Prior Year	Traded	Placed (a)
10. Total Bonds Current Year	1 Teal of Less	Tillough 5 Tears	Tillough to Teals	Tillough 20 Tears	Over 20 Tears	Total Ourient Teal	Line 10.7	THOI TEAL	THOI TEAL	Haueu	r laced (a)
10.1 Class 1	590,456	1,108,642	0	0	0	1,699,098	100.0	xxx	XXX	1,699,098	0
10.2 Class 2	0	1, 100,012	0	0	0	0	0.0	XXX	XXX	0	0
10.3 Class 3	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Class 4	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.5 Class 5	0	0	0	0	0	(c)0	0.0	XXX	XXX	0	0
10.6 Class 6	0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
10.7 Totals	590,456	1,108,642	0	0		(b)1,699,098	100.0	XXX	XXX	1,699,098	0
10.8 Line 10.7 as a % of Col. 6	34.8	65.2	0.0	0.0	0.0		XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year							7001	7001	7001		
11.1 Class 1	927,020	1.078.089	0	0	0	XXX	XXX	2,005,109	100.0	2.005.109	0
11.2 Class 2	0	0	0	0	0	XXX	XXX	2,000,100	0.0	2,000,100	0
11.3 Class 3	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.4 Class 4	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.5 Class 5	0	0	0	0	0	XXX	XXX	(c)0	0.0	0	0
11.6 Class 6	0	0	0	0	0	XXX	XXX	(c) 0	0.0	0	0
11.7 Totals	927,020	1,078,089	0	0	0	XXX	XXX	(b)2,005,109	100.0	2,005,109	0
11.8 Line 11.7 as a % of Col. 8	46.2	53.8	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Class 1	590.456	1.108.642				1,699,098	100.0	2,005,109	100.0	1.699.098	XXX
12.2 Class 2		, , , , , , , , , , , , , , , , , ,				0	0.0	0	0.0	0	XXX
12.3 Class 3						0	0.0	0	0.0	0	XXX
12.4 Class 4						0	0.0	0	0.0	0	XXX
12.5 Class 5						0	0.0	0	0.0	0	XXX
12.6 Class 6						0	0.0	0	0.0	0	XXX
12.7 Totals	590.456	1, 108, 642	0	0	0	1.699.098	100.0	2,005,109	100.0	1.699.098	XXX
12.8 Line 12.7 as a % of Col. 6	34.8	65.2	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6,						100.0			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7000
Section 10	34.8	65.2	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Class 1	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.7 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	xxx	XXX	0.0

a) Includes \$	freely tradable under SEC Bule 144 or qualified for resale under SEC Bule 144A

⁽b) Includes \$ ______ current year, \$ ______ prior year of bonds with Z designations and \$ ______ prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class are under regulatory review.

⁽c) Includes \$ ______ current year, \$ _____ prior year of bonds with 5* designations and \$ _____ prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

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ANNUAL STATEMENT FOR THE YEAR 2005 OF THE M CAID

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues											
	1	2	3	4	5	6	7	8	9	10	11
Distribution by Type	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 10.7	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed
1. U.S. Governments, Schedules D & DA (Group 1)	1 Teal of Less	Through 5 Tears	Through to rears	Thiough 20 Tears	Over 20 Tears	Total Guitent Teal	Lille 10.7	i cai	T HOL Teal	Haded	Tiaced
1.1 Issuer Obligations	590,456	1, 108, 642				1,699,098	100.0	2,005,109	100.0	1,699,098	0
1.2 Single Class Mortgage-Backed /Asset Backed Securities		,,				0	0.0	0	0.0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0
1.7 Totals	590.456	1,108,642	0	0	0	1,699,098	100.0	2.005.109	100.0	1.699.098	0
2. All Other Governments, Schedules D & DA (Group 2)	000,100	1,100,012				1,000,000	100.0	2,000,100	10010	1,000,000	
2.1 Issuer Obligations						0	0.0	0	0.0		0
2.2 Single Class Mortgage-Backed /Asset Backed Securities						0	0.0	0	0.0		0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:								_			
2.3 Defined						0	0.0	0	0.0		0
2.4 Other						0	0.0	0	0.0		0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:									0.0		
2.5 Defined						J	0.0	u			
2.6 Other	- 	0	^	^	^	0	0.0	Ü	0.0	^	0
3. States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 3)	U	U	U	U	U	U	0.0	U	0.0	U	U
3.1 Issuer Obligations							0.0	0	0.0		0
3.2 Single Class Mortgage-Backed /Asset Backed Securities	-					ν	0.0	ν	0.0		ν
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:	-					ν					ν
3.3 Defined						٥	0.0	0	0.0		0
3.4 Other						n	0.0	٥	0.0		٥
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED						U	0.0	υ	0.0		u
SECURITIES:											
3.5 Defined						0	0.0	0	0.0		0
3.6 Other						0	0.0	0	0.0		0
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D &	DA (Group 4)										
4.1 Issuer Obligations						0	0.0	0	0.0		0
4.2 Single Class Mortgage-Backed /Asset Backed Securities						0	0.0	0	0.0		0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3 Defined						0	0.0	0	0.0		Ω
4.4 Other						0	0.0	0	0.0		0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
4.5 Defined						n	0.0	n	0.0		n
4.6 Other						0	0.0	0	0.0		0
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D 8		<u> </u>		<u> </u>			0.0		0.0	Ĭ	
5.1 Issuer Obligations						0	0.0	0	0.0		0
5.2 Single Class Mortgage-Backed /Asset Backed Securities						0	0.0	0	0.0		0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3 Defined						0	0.0	0	0.0		0
5.4 Other						0	0.0	0	0.0		0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
5.5 Defined						0	0.0	0	0.0		0
5.6 Other	-					0	0.0		0.0		0
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Mat	unity Distribution of	JI All Borids Own	ied December 31,	at Book/Adjusted	Carrying values	by Major Type and	a Subtype of issu				
	1	2	3	4	5	6	7	8	9	10	11
		Over 1 Year	Over 5 Years	Over 10 Years				Total from Col. 6	% From Col. 7	Total Publicly	Total Privately
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	Line 10.7	Prior Year	Prior Year	Traded	Placed
6. Public Utilities (Unaffiliated) Schedules D & DA (Group 6)	1	1									
6.1 Issuer Obligations						0	0.0	0	0.0		0
6.2 Single Class Mortgage-Backed /Asset Backed Securities						0	0.0	0	0.0		0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined						0	0.0	0	0.0		0
6.4 Other						0	0.0	0	0.0		0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES: 6.5 Defined						0	0.0	0	0.0		0
6.6 Other						0	0.0	0	0.0		0
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
7. Industrial and Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)				·			0.0		0.0		
7.1 Issuer Obligations						0	0.0	0	0.0		0
7.2 Single Class Mortgage-Backed /Asset Backed Securities						0	0.0	0	0.0		0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined						0	0.0	0	0.0		0
7.4 Other						0	0.0	0	0.0		0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES:											
7.5 Defined						0	0.0	0	0.0		0
7.6 Other						0	0.0	0	0.0		0
7.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
8. Credit Tenant Loans, Schedules D & DA (Group 8)	1										
8.1 Issuer Obligations						0	0.0	0	0.0		0
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Issuer Obligations						0	0.0	0	0.0		0
9.2 Single Class Mortgage-Backed /Asset Backed Securities						0	0.0	0	0.0		0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined						0	0.0	0	0.0		0
9.4 Other						0	0.0	0	0.0		0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES:											
9.5 Defined						0	0.0	0	0.0		0
9.6 Other	_					0	0.0	0	0.0		0
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues											
	1	2	3	4	5	6	7	8	9	10	11
Distribution by Type	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 10.7	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed
10. Total Bonds Current Year	1 Tour or Loss	Through o Tours	Through to Tours	Through 20 Tours	Over 20 Tears	Total Garrent Total	Line ro.r	rear	THOI TOU	Hadda	1 lacca
10.1 Issuer Obligations	590.456	1,108,642	0	0	0	1,699,098	100.0	XXX	XXX	1,699,098	0
10.2 Single Class Mortgage-Backed /Asset Backed Securities	0	0	0	0	0	0	0.0		XXX	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined	0	0	0	0	0	0	0.0	XXX	xxx	0	0
10.4 Other	0	0	0	0	0	0	0.0		XXX	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:					_						
10.5 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7 Totals	590,456	1, 108, 642	0	0	0	1,699,098	100.0	XXX	XXX	1,699,098	0
10.8 Line 10.7 as a % of Col. 6	34.8	65.2	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Issuer Obligations	927,020	1,078,089	0	0	0	XXX	XXX	2,005,109	100.0	2,005,109	0
11.2 Single Class Mortgage-Backed /Asset Backed Securities	0	0	0	0	0	XXX	XXX	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.4 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.5 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	٥0
11.6 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.7 Totals	927,020	1,078,089	0	0	0	XXX	XXX	2,005,109	100.0	2,005,109	٥٥
11.8 Line 11.7 as a % of Col. 8	46.2	53.8	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	590,456	1, 108, 642			***************************************	1,699,098	100.0	2,005,109	100.0	1,699,098	XXX
12.2 Single Class Mortgage-Backed /Asset Backed Securities						0	0.0	0	0.0	0	XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined						0	0.0	0	0.0	0	XXX
12.4 Other						0	0.0	0	0.0	0	XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5 Defined						0	0.0		0.0	0	XXX
12.6 Other						0	0.0		0.0	0	XXX
12.7 Totals	590,456	1, 108, 642	0	0	0	1,699,098	100.0	, , , , ,	100.0	1,699,098	XXX
12.8 Line 12.7 as a % of Col. 6	34.8	65.2	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	34.8	65.2	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Issuer Obligations	0	0	0	0	0	0	0.0		0.0	XXX	0
13.2 Single Class Mortgage-Backed /Asset Backed Securities	0	0	0	0	0	0	0.0	0	0.0	XXX	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined		0	0	0	0	0	0.0		0.0	XXX	0
13.4 Other	0	0	0	0	0	0	0.0	0	0.0	XXX	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.5 Defined	0	0	0	0	0	0	0.0		0.0	XXX	
13.6 Other	0	0	0	0	0	0	0.0		0.0	XXX	0
13.7 Totals	0	0	0	0	0	0	0.0		0.0	XXX	C
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

SCHEDULE DA - PART 2 - VERIFICATION BETWEEN YEARS

Short-Term Investments

Short-Term	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
Book/adjusted carrying value, December 31 of prior year	927,020	927,020	0	0	0
Cost of short-term investments acquired	34,055,955	34,055,955			
Increase (decrease) by adjustment	0				
4. Increase (decrease) by foreign exchange adjustment	0				
Total profit (loss) on disposal of short-term investments	0				
Consideration received on disposal of short-term investments	34,392,520	34,392,520			
7. Book/adjusted carrying value, current year	590,455	590,455	0	0	0
8. Total valuation allowance	0				
9. Subtotal (Lines 7 plus 8)	590,455	590,455	0	0	0
10. Total nonadmitted amounts	0				
11. Statement value (Lines 9 minus 10)	590,455	590,455	0	0	0
12. Income collected during year	58,510	58,510			
13. Income earned during year	62,704	62,704			

⁽a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY NONE

Schedule DB - Part C - VBY

NONE

Schedule DB - Part D - VBY NONE

Schedule DB - Part E - VBY NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2
NONE

Schedule S - Part 2
NONE

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding	Surplus Relief	12	13
NAIC								Reserve Credit	10	11	Modified	
Company Code	Federal ID	Effective					Unearned Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Date	Name of Company	Location	Type	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
				1750 Hennepin Avenue, Minneapolis								
90611		01/01/1996	ALLIANZ LIFE INS CO OF NORTH AMERICA	Minnesota 55403-2195	I \A/H70	4, 135						
0199999. T	otal Affiliates					4, 135	0	0	0	0	0	0
												
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								1		<u> </u>		
								†				
0399999 - T	otals				<u> </u>	4,135	0	0	0	0	0	0

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1 NAIC Company	2 Federal ID	3 Effective	4	5 Reserve Credit	6 Paid and Unpaid Losses Recoverable	7	8 Total Cols.	9	10 Trust	11 Funds Deposited by and Withheld	12	13 Miscellaneous Balances	14 Sum of Cols. 9+10+11+12+13 but not in Excess
Code	Number	Date	Name of Reinsurer	Taken	(Debit)	Other Debits	(5 + 6 + 7)	Letters of Credit	Agreements	from Reinsurers	Other	(Credit)	of Col. 8
				•									
				•									
	· · · · · · · · · · · · · · · · · · ·												
				-						ļ			
				·····			·····						
	· · · · · · · · · · · · · · · · · · ·	-											
1100000	Fotolo												
1199999 - 7	าบเสเร							1		ı			

SCHEDULE S - PART 5

Five Year Exhibit of Reinsurance Ceded Business (000 omitted)

	1,10	1	ance Ceded Busines 2	3	4	5
		2005	2004	2003	2002	2001
	A. OPERATIONS ITEMS					
1.	Premiums	0	0	0	0	0
2.	Title XVIII - Medicare	0	0	0	0	0
3.	Title XIX - Medicaid	4	3	0	0	0
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses					
	B. BALANCE SHEET ITEMS					
6.	Premiums receivable					
7.	Claims payable	0	0	0	0	0
8.	Reinsurance recoverable on paid losses	0	0	0	0	0
9.	Experience rating refunds due or unpaid					
10.	Commissions and reinsurance expense allowances unpaid					
11.	Unauthorized reinsurance offset					
	C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12.	Funds deposited by and withheld from (F)	0	0	0	0	0
13.	Letters of credit (L)	0	0	0	0	0
14.	Trust agreements (T)	0	0	0	0	0
15.	Other (O)	0	0	0	0	0

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	1,496,736		1,496,736
2.	Accident and health premiums due and unpaid (Line 13)	0		0
3.	Amounts recoverable from reinsurers (Line 14.1)	0		0
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	1,870,632		1,870,632
6.	Total assets (Line 26)	3,367,368	0	3,367,368
	LIABILITIES, CAPITAL AND SURPLUS (PAGE 3)			
7.	Claims unpaid (Line 1)	1,143,008		1, 143, 008
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	0		0
10.	Reinsurance in unauthorized companies (Line 18)	0		0
11.	All other liabilities (Balance)	187,647		187,647
12.	Total liabilities (Line 22)	1,330,655	0	1,330,655
13.	Total capital and surplus (Line 31)	2,036,713	XXX	2,036,713
14.	Total liabilities, capital and surplus (Line 32)	3,367,368	0	3,367,368
	NET CREDIT FOR CEDED REINSURANCE			
15.	Claims unpaid	0		
16.	Accrued medical incentive pool	0		
17.	Premiums received in advance	0		
18.	Reinsurance recoverable on paid losses	0		
19.	Other ceded reinsurance recoverables	. 0		
20.	Total ceded reinsurance recoverables	. 0		
21.	Premiums receivable	0		
22.	Unauthorized reinsurance	0		
23.	Other ceded reinsurance payables/offsets	. 0		
24.	Total ceded reinsurance payables/offsets	0		
25.	Total net credit for ceded reinsurance	0		

SCHEDULE Y

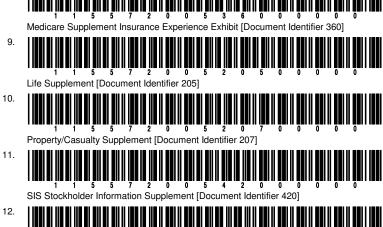
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

		1 7111 4	- SUMMA	11 01 1140		IIIAIIOAC	TIONS W			IAILS		
1	2	3	4	5	6	7	8	9	10	11	12	13
						Income/						
						(Disbursements)						
					Purchases, Sales	Incurred in						Reinsurance
					or Exchanges of	Connection with		Income/		Any Other Material		Recoverable/
					Loans, Securities,	Guarantees or		(Disbursements)		Any Other Material Activity Not in the		(Payable) on
NAIC					Real Estate,	Undertakings for	Management	Incurred Under		Ordinary Course of		Losses and/or
Company	Federal ID	Names of Insurers and Parent,	Shareholder	Capital	Mortgage Loans or	the Benefit of any	Agreements and	Reinsurance		the Insurer's		Reserve Credit
Code	Number	Subsidiaries or Affiliates	Dividends	Contributions	Other Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
95449	. 38-2649504	M-Care					(891,453)			(1,000,000)	(1,891,453)	0
00000	38-6006309	University of Michigan					891,453			1,000,000	1,891,453	
95449	38-2649504	M-Care		(7,000,000)			2,782,730			,,	(4,217,270)	
11946	20-0547500	Michigan Health Insurance Corporation		7,000,000			(2,782,730)				4,217,270	
95449	38-2649504	M-Care		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			2,840,606		-		2,840,606	
11557		M-Caid					(2,840,606)		-		(2,840,606)	
1 1007	. 30-0020440	m-oatu					(2,040,000)		-		(2,040,000).	
			•									
		-								†		
										t		
9999999 Cc	ntrol Totala	-	0				0			^	^	^
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in liqu of filing a "NONE" report and a bar code ode tion

	will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANAT following the interrogatory questions.	
	iniowing the interrogatory questions.	Responses
	MARCH FILING	
١.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the Risk-based Capital Report be filed with the NAIC by March 1?	YES
1.	Will the Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6	Will the Investment Risks Interrogatories be filed by April 1?	YES
	JUNE FILING	
⁷ .	Will an audited financial report be filed by June 1?	YES
	The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your companies for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NOI printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and prointerrogatory questions.	NE" report and a bar code will be
	MARCH FILING	
3.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
9.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
0.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
1.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
	APRIL FILING	
2.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?	NO
3.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
4.	Will the Supplemental Property/Casualty data due April 1 be filed with the state of domicile and the NAIC?	NO
8.		
9.		
0.		
1.		
2.		
3.		
4.		
	Bar Codes:	
8.		
	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
9.		







Property/Casualty Supplement [Document Identifier 207]